		1	Ť	(Col	uma II				. –		10	635,36	ماه
		RASIO	OR			(Calumn	21	SMALL	C+			_	I
		BASIC FEE	Figure	- NOMBE	R FILED	NUMBER EX		J. Colonia	ENTITY	OR	. 01	HER HAN	
1 .	. 4	TOTAL CLA	1610			- NOEK EX	IRA	RATE		7	SM	ALL ENTITI	- 1
•	- 1	431 CER (14	6(c+i				. 1		FEE]		7	\dashv
		MOFPENOR	1/2		minus 20 =	•			2	1	RATE	FE	
	ŀ		2(0)1		min		1	1 x s 25		OR	_	s	7
		MULTIPLE D	EPENDENT CLAH	<u>-</u>	minus 3 =	-	7		-	OR	× 50		\dashv
	Γ		COENT CLAR	APRESENT	(37 CFR	1.16(2))		x s 100_		· · · · · · · · · · · · · · · · · · ·			
		" II the differe	ince in column 1 i	class		(0)	_	+ 5:180	,	OR	x s 200	1	7.
	1	•		siess (pau :	tero, enter -0-	in column 2		3.100		OR	+ 360	1-	- .
		•	CLAIMS	SAMEN	000	Z.		TOTAL			+ 62 00	1	1
			•		DEO-PAR	RTII.		٠		OR	TOTAL		7
	1	1.	. (Colum								170	1	4
	15	(2h21	CLAH	AS I		umn 21. (Colum	n 31	_					1
	15	1 /2/0	7 REMAIN	IING	HIGH	HEST		SMALL EN	TITY	OR .	OTHER	· ·	
	AMENDMEN	Total	AMENON	TENT	1 PREVIO	DUSIY COTO	NT	RATE		٠ ١	SMALL	· (HAII Entin	
	Q	(31 CFR 1.16	(c) 2	Mir	L PAIO	FOR	^		TIONAL .	-1	RATE		1
- 1	ξū	(31 CFR 1.16)			. 29	=	711		FEE	.	TALE	. AOI	
- 1	₹.	1		Min	1 92	=		x s 25 =		 		TIONL	
ŀ		FIRST PRES	SENTATION OF MU	Tiereos			_ .	x s 100=		DR X S	50 =		
			SENTATION OF MU	- CC UEPE	MOENT CLAIM	1 1			DR X 5	20Q		•	
- 1			2					+ s_(80=.	. 1				
			(Column 1)	•			. A	OTAL OO'L FEE	———— °		360	7	
	ω		CLAIMS		(Colum	in 2] (Column 3				R ADD	AL L FEE		
	CINDMENT		REMAINING	1	HIGHES	ST (SOUTH	7 ~			-,00	CLEE.		
	바	Total	VWENDWEN	r	PREVIOUS	SIX	11	RATE				1	
	⊋ -	DI CER LIGGI	1	. Minus	PAID FO	R	1-1	1 4	DOI-	RA	ιτ∈		
Į	ΨL	Independent 177 CFR 1.16011		Minus	 	_ =	1		€€	1.		ADDI: FIONAL	
	S I T				1	=			OR	x s 5		FEE	
1		- ST PRESEN	(FATION OF MULTI	SE DEPEND	EICT CL	× s	100=	- OH		-	. 1		
T					(3	7 CFR 1.16(d))	1 .	180=	OR	× s 20	XO_ .		
1							101	Al	OR	+36	0		
10	7		(Column 1)		(C-1		AD0	T. FEE		TOTAL	==		
100			CLAIMS . REMAINING	1	(Column 2 HIGHEST	(Column 3)			OR	400'C.E	€E.		
1 &	Ŀ	·	AFTER	1. 1	NUMBER	PRESENT			·				
×	1	Total	AMENOMENT		PREVIOUSE PAID FOR	EXTRA	R	ATE ADDI					· '
N	hd	CFR (. re(c))		Minus			1-	FEE	٠.	PATE	1 4	001	
AMENDMENT	(37	OFA 1.16(6))		Minus			\times s 2	5	\dashv		110	NAL	
₹	F(R	ST PRESENTA	Figure			=	x s 10		OR	x 5 20	= 1	≣€	
	<u> </u>	-JCH A	LION OF MULTIPLE	ОЄРЕНОЕН	TOLAN MIC	60 1 15			OR	x s 200	~!		
_					131 6	n 1,16(d)	L+ 518		7 5" }		- 1		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. The "Highest Humber Previously Paid For IN THIS SPACE is less than 20, enter 20. It collection of inter-								OR L	. 360			•
,	11 the	Highes (Nu	mber Previously	Paid For in	Column 2, wri	(e 10" in column 3	Y.00V	FEE	OR.	TOTAL	-		
his on	ledi-	Highes (Hum	ther Previously P.	aid For IN	THIS SPACE	le TO in column 3. is less than 20, ent is less than 3. enter	(er ^20 '.			ADO'L FEE	<u> </u>		
ISPTO	04	ou or intoirna	tion is coming	TOU (I'M	al or Independ	400 :- " and J. en(ed	c *3*,						

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For In THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the information of preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete service of the Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800.P FO.9199 and select option 2